

### IMPREST FUND REQUEST

Agency/Institution : \_\_\_\_\_  
Business Area Code: \_\_\_\_\_  
Date: \_\_\_\_\_

Petty Cash  
Change Fund  
Activities Revolving Fund  
Travel Advance Revolving Fund  
Cash Fund (Commerical Bank Account)

**To:** Director  
Department of Finance and Administration  
Office of Accounting  
P. O. Box 3278  
Little Rock, AR 72203

#### Action Requested

Establish                                      Decrease                                      Transfer  
Increase                                      Close

Cash G/L Account	Amount	Cost Center	WBS #	Internal Order

Justification/Explanation:

Administrative Head: \_\_\_\_\_  
Custodian Supervisor: \_\_\_\_\_  
Custodian: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
                    Director, Department of Finance and Administration

Document No.: \_\_\_\_\_  
Posting Date: \_\_\_\_\_